

CITY OF TEMPE

RESPIRATOR DECISION LOGIC

Please answer all the questions as completely as possible.

1. Is the respirator necessary to protect the health of the employee?

Yes	No
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If yes, please describe the hazards that are present.

2. Is the respirator intended for use in an oxygen-deficient atmosphere (<19.5%).

Yes	No
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If yes, please describe how this was determined.

3. Is the respirator intended for use during emergency situations?

Yes	No
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If yes, please describe situations.

4. Is the contaminant regulated by OSHA (PEL) or is it a carcinogen and is it detectable in the atmosphere.

Yes	No
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If yes, please identify the contaminant(s). (MSDS ect...)

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5. Is the exposure concentration to the contaminant(s), less than the OSHA PEL or NIOSH REL.?

Yes	No
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6. Are conditions such that a worker who is required to wear a respirator can escape from the work area and not suffer loss of life or immediate or delayed irreversible health effects if the respirator fails.

Yes	No
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7. Is the contaminant an eye irritant?

Yes	No
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8. What is the physical state of the contaminate(s).

Solid (particulate)		Liquid	
Gas		Vapor	
Combination			

9. Please describe the intended use of the respirator.

10. What is the frequency of use (Daily/Monthly/etc)?

11. Any other pertinent information you would like to add.

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Signature (Employee)

Print Name

Date

Signature (Supervisor)

Print Name

Date

Please forward this form to the Environmental Health and Safety Section. An assessment of the respirator use area will be scheduled upon receipt of this form. Completion of this form **does not** constitute approval for use of any type of respiratory protection. If you have any additional questions or need assistance completing this form, please contact the Environmental, Health and Safety Section.